PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

464352

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		00	OTHER THAN SMALL ENTITY	
FOR		NUN	MBER FILED		NUMBER EXTRA		FEE	OR I	RATE	FEE
BASIC FEE						RATE	380.00			760.00
)		1	333.00	OR		, 55.55
10	TAL CLAIMS		13 minus 2		_/	X\$ 9=		OR	X\$18=	`
INDEPENDENT CLAIMS 3 m				3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	1
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	. /
CLAIMS AS AMENDED - PART II								•	OTHER	
(Column 1) (Column 2) (Column 3)					SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAININ AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* //	Minus	** 20	=	X\$ 9=		OR	X\$18=	
	Independent	* 3	Minus	*** 3	= /	X39=		OR	X78=	
`	FIRST PRESE	NTATION OF	F MULTIPLE DEF	ENDENT CLAIM		+130=			+260=	
						+13U=		OR	TOTAL	
						ADDIT. FEE		OR	ADDIT. FEE	
		(Column		(Column-2)	(Column 3)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			12 Name 2	
AMENDMENT B		REMAININ AFTER AMENDME	IG .	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-: TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* _	Minus	**	= .	X\$ 9=		OR	_X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
<u> </u>	FIRST PRESE	NTATION O	F MULTIPLE DEF	PENDENT CLAIM					600	
					. •	+130=		OR		
•								OR	TOTAL ADDIT. FEE	
	~ 	(Column		(Column 2)	(Column 3)	ı		_		
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	IG :	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
⋖	FIRST PRESE	NTATION O	F MULTIPLE DEF	PENDENT CLAIM		733-		OR		 -
	lá tha antini i			one O washe work.	duma 2	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 464352

Total Fee Calculation

·	Fee Cade	Total # Claims		Number Extra	X	Fcc	Fee		Tatal
	Sm./Lg.					Sm. Entity	Lg. Entiry		
Busic Filing Fee	201/101							•	760.00
Total Claims >20	203/101		-20 =		х			••	
Independent Claims >1	202/102		-J 、=		х				
Mult. Dep Claim Present	204/104			.*				3	
Surcharge	205/105	•							130:00
English Translation	_119 .								
TOTAL FEE CALCULA				राज्य भूति	# 18 				
Fees due upon filing t	he application:								
Total Filing Fees Due	= \$ 0	<u>30. ⁰⁰</u>		· · · · · · · · · · · · · · · · · · ·			-		
Less Filing Fees Subm	uitted - S	<u> </u>			_			٠	
BALANCE DUE	· = \$	390.00	•		_		•		
Office of Initial Patent	TN Examination								

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)